

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90237 018 ***150.00

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1. Entity Name
MICHAEL EDWARDS, P.A.



Principal Place of Business
**1868 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

Mailing Address
**P.O. BOX 7399
PORT ST. LUCIE, FL 34985**

40050.00



2. Principal Place of Business

10024 S. Federal Hwy

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03132006 Chg-P CR2E034 (11/05)

City & State

Port St. Lucie, FL

City & State

4. FEI Number

20-0633372

Applied For

Not Applicable

Zip

34952

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, MICHAEL
1868 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name **Michael Edwards**

Street Address (P.O. Box Number is Not Acceptable)

10024 S. Federal Hwy

City

Port St. Lucie

FL

Zip Code

34952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EDWARDS, MICHAEL**
STREET ADDRESS **1868 S.E. PORT ST. LUCIE BLVD.**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **EDWARDS, MICHAEL**
STREET ADDRESS **10024 S. FEDERAL HWY**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-22-06 772
335-4949**